



CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

11 APR -6 AM 8:40

(Instructions on back of application)

SECRETARY OF STATE
STATE OF IDAHO

1. The name of the limited liability company is:

Senior Market Partners LLC

2. The complete street and mailing addresses of the initial designated/principal office:

451 Park Avenue Idaho Falls, ID 83402

(Street Address)

(Mailing Address, if different than street address)

3. The name and complete street address of the registered agent:

Todd Stevenson

(Name)

451 Park Avenue Idaho Falls, ID 83402

(Street Address)

4. The name and address of at least one member or manager of the limited liability company:

Name

Address

Todd Stevenson

451 Park Avenue Idaho Falls, ID 83402

Cannel Blend LLC

451 Park Avenue Idaho Falls, ID 83402

5. Mailing address for future correspondence (annual report notices):

451 Park Avenue Idaho Falls, ID 83402

6. Future effective date of filing (optional): _____

Signature of a manager, member or authorized person.

Signature

Typed Name: Todd Stevenson

Signature

Typed Name: _____

Secretary of State use only

W102142